STATEMENT OF

RECEIVE

2012 JUN 11 AM 9: 24

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FORM 1		ONGANIZ	AIIC)IN			II AM 9:
NAME OF COMMITTEE (ir	n full)	(Check if name is changed)		mple:If typing, type the lines.	12FE4M5		AIL CENTE
STUDENT	S, MC	THERS AND	ÇQŅ	CERNED C	ITIZEN	S, PAC	
	<u>L.l.l</u> .	SMACC, PA	C		1111		
ADDRESS (number and street) (Check if address is changed)		20 STONEW		ROAD	_ 	1 	1111
		BYHAILIA			MS	38611	
			CITY		STATE	ZIP CC	DE
COMMITTEE'S E-MA	AL ADDRES	S (Please provide only one	e-mail add	dress)			
(Check if			111			11111	
is change	(a)					 	
COMMITTEE'S WEB	PAGE ADD	RESS (URL)					
(Check if					1111		لببب
is change	d)				1.1.1.1.		
2. DATE Ö6	o" ′ 2	° ′ 2012, `					
3. FEC IDENTIFIC	CATION NU	MBER C	0421	24			
4. IS THIS STATE	MENT	NEW (N) OR	×	AMENDED (A)			
I certify that I have o	examined th	is Statement and to the be	est of my l	knowledge and belief it	is true, correc	t and complete.	
Type or Print Name	of Treasurer	MARY WRI	GHT				
Signature of Treasure	ar <u></u>	Mr St	1		Date Ö6	5° ′ 02° ′	Ž0'1Ž
NOTE: Submission of	•	ous, or incomplete information	•			•	! U.S.C. §437g.
Office Use				For further information of Federal Election Commission Toll Free 800-424-9530		FEC FO	

f	EC Fo	rm 1 (Revised 02/2009)	Page 2			
TYPE OF COMMITTEE						
Can	didate	e Committee:				
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below	his committee is a principal campaign committee. (Complete the candidate information below.)			
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Co information below.)	mplete the candidate			
Name Cand	e of lidate					
	lidat e Affiliat	on Office Sought: House Senate President	State District			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name Cand	-					
Part	y Cor	nmittee:				
(d)		(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.			
Poli	tical A	ction Committee (PAC):				
(e)	\boxtimes	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its control of the c	onnected organization is a:			
		Corporation Corporation w/o Capital Stock	Labor Organization			
			_			
		Membership Organization Trade Associatioп	Cooperative			
		In addition, this committee is a Lobbyist/Registrant PAC.				
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate committee. (i.e., nonconnected committee)	segregated fund or party			
		In addition, this committee is a Lobbyist/Registrant PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Joint Fundraising Representative:						
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate				
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political			
	Com	rnittees Participating in Joint Fundraiser				
	1.					
	2.	FEC ID number C				
	3.	FEC ID number C				
	4.					

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Write or Type Committee I				
STUDENTS, MOTHERS AND CONCERNED CITIZENS, PAC				
6. Name of Any Connect	ed Organization, Attiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor			
MARY D. WR	UGHT			
ENDURANCE (<u> </u>			
Mailing Address	[P. O. BO X 2133			
	MEMPHIS, TN			
	CITY STATE ZIP CODE			
Relationship: Conn	ected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor			
7. Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the person in possession of committee			
Full Name	RYD. WRIGHT			
Mailing Address	P.O. BOX 2133			
	MEMPHIS,			
Title or Position	CITY STATE ZIP CODE			
CUSTODIAN	OF RECORDS Telephone number [901,] - [620,] - [8625,]			
Treasurer: List the nam any designated agent (e	e and address (phone number optional) of the treasurer of the committee; and the name and address of .g., assistant treasurer).			
Full Name MA	RY D. WRIGHT			
Mailing Address	P. O. BOX 2133			
	MEMPHIS TN 38101			
Title or Position [TREASURER]	CITY STATE ZIP CODE Telephone number 901 - 620 - 8625			

FEC For	n 1 (Revised 02/2009)		Page 4
Full Name of Designated	ARTHUR WRIGHT		
Agent Mailing Address	20 STONE WALL ROAD		
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	[Β <mark>ΥΗΑΙLΙΑ</mark> , , , , , , , , , , , , , , , , , , ,	- STATE	386,11 - ZIP CODE
Title or Position	ASURER Teleph	one number	<u></u>
	Depositories: List all banks or other depositories in which the xes or maintains funds. Depository, etc.	committee deposits	funds, holds accounts, rents
	FIRST TENNESSEE BANK		
Mailing Address	4180,ELVIŞ PRESLEY, BLVD.		
	MEMPHIS	TŅ.	[38116,]-[,,]
	CITY	STATE	ZIP CODE
Name of Bank,	Depository, etc.		
		11111	
Mailing Address			
		ليا لي	
	СПҮ	STATE	ZIP CODE

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.			
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USPS Express Mail	Postmarked		
Postmark Illegible			
No Postmark			
Overnight Delivery Service (Specify):	Shipping Date		
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Received from House Records & Registration Office	Date of Receipt		
Received from Senate Public Records Office	Date of Receipt		
Received from Electronic Filing Office	Date of Receipt		
Other (Specify):	Receipt or Postmarked		
Jaco	6/11/12		
PREPARER (3/2005)	DATE PREPARED		